

VOTE "NO" ON THE U.S.-PERU FREE TRADE AGREEMENT

(Mr. HARE asked and was given permission to address the House for 1 minute.)

Mr. HARE. Mr. Speaker, I rise this evening to encourage all of my colleagues to vote "no" on the Peru Free Trade Agreement. I just lost the third of four clothing factories in my district on Friday; hardworking men and women thrown out of work not because they couldn't do the job, but because they couldn't compete.

We have a responsibility as Members, whether you are Republican or Democrat, from whatever State you come from, to stand up for the American workers. I can't go back to my district and I will not go back to my district and try to explain to my workers who are losing their jobs, if you will just wait until we pass another trade deal that this President is not going to enforce.

I urge all of my colleagues to please vote "no" on the Peru Free Trade Agreement when it comes up. We can do much better, we owe it to our workers, and we will do much better.

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SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. WATERS) is recognized for 5 minutes.

(Ms. WATERS addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

MEDICAL IMAGING SERVICES

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York (Mrs. MCCARTHY) is recognized for 5 minutes.

Mrs. MCCARTHY of New York. Mr. Speaker, I rise today and ask my colleagues to support legislation reversing the dangerous cuts made to medical imaging services by the last Congress.

The incorporation of imaging technology into medical practice has transformed physician practice, patient care, and improved health outcomes for millions of Americans.

Unfortunately, the Deficit Reduction Act last Congress slashed funding for imaging services. These dangerous cuts mean that women will have difficulty getting a mammogram. Doctors will begin to phase out imaging services because the reimbursement rate will cause them to lose money.

While these cuts may have saved the government money, it has increased the health risks of our Nation's citi-

zens. Patients throughout the United States depend on medical imaging because it often detects critical illnesses at their most curable stage when they are less costly to treat. Better, less invasive care often means easier recoveries and greater patient comfort are additional reasons why drastic cuts to medical imaging do not serve the patient well.

Medical imaging is an overall cost-saver for patients and the health care system in general because it results in fewer complications, earlier detection, shorter hospital stays, and better pain management.

Our goal should be keeping our workers healthy and on the job by helping them avoid surgery, long recuperation and disability. For this reason, significant cuts to medical imaging are not the solution. That is why I ask your support and need it for H.R. 1293, Access to Medical Care Imaging Act of 2007. My legislation would suspend for 2 years drastic cuts to critical diagnostic imaging services provided in physicians' offices and imaging centers.

The cuts were agreed to with little public debate by the U.S. House of Representatives, yet they account for more than one-third of the Medicare cuts in the Deficit Reduction Act of 2005. Furthermore, as was directly pointed out by Members on both sides of the aisle during the Energy and Health Subcommittee hearing on July 18 last year, the policy was not recommended to Congress by MedPAC or CMS, and there has been no analysis of the impact of the cuts on seniors' access to imaging services.

Unfortunately, despite broad bipartisan support in Congress to delay the DRA policy, the DRA imaging cuts went into effect in January of this year. My legislation would place a 2-year hold on the implementation of the cuts and require a comprehensive GAO study on patient access and service issues relating to the availability and quality of imaging services in physician offices and imaging clinics with special attention to seniors living in rural and medically underserved areas.

Please join over 150 of my colleagues and become a cosponsor of H.R. 1293. People have to understand sometimes the cuts that we make around here are not in the best interest certainly of our constituents. Spending most of my life as a nurse, preventive care is better than letting it go. That is why our health care costs are so high. We need to do a better job of making sure that our constituents are served.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

(Mr. POE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

OPPOSE PERU FREE TRADE AGREEMENT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Maine (Mr. MICHAUD) is recognized for 5 minutes.

Mr. MICHAUD. Mr. Speaker, on the eve of the Ways and Means Committee markup on the Peru free trade agreement, I rise tonight in strong opposition to the Peru free trade agreement.

I am extremely disappointed there will be no formal committee hearing on the Peru free trade agreement. The last hearing for the Peru free trade agreement in the Ways and Means Committee was held in 2006.

Given that the administration and leadership announced proposed changes to the trade model in May, I believe it is critical to have a full hearing on the Peru trade agreement. The diversity of viewpoints on the Peru FTA have not been significantly heard by Members. Many of the newly elected freshmen Members campaigned on a platform of ensuring a significant change of course from the Bush trade policy.

The Peru free trade agreement is based on the same flawed NAFTA and CAFTA model that has been so devastating to industries across the Nation.

When I campaigned for my seat 5 years ago, the cornerstone of my campaign was fixing our broken trade policies. I have seen firsthand what they have done to the State of Maine. I firmly believe in order to address our trade imbalance, we have to change the trade model. The Peru FTA is the same old model with a little lipstick.

There is overwhelming opposition to the agreement by unions, consumers, small business, and environmental groups. They are all asking Congress to oppose the Peru FTA.

Who supports this deal? Big Business does. When Tom Donahue, president of the U.S. Chamber of Commerce, states that he is "encouraged by assurances that the labor provisions cannot be read to require compliance with ILO conventions," we should be very skeptical.

While we have all heard that the Peru agreement text improves labor and environmental standards, we fail to hear that they are added upon the old NAFTA and CAFTA text. The bottom line: this is another Bush NAFTA expansion.

Key unions are worried about the labor provisions. The new provisions require countries to adopt, maintain, and enforce only the terms of the ILO declaration on fundamental principles and rights at work. The new FTA language does not require signatories to meet the ILO conventions. These are the binding standards; the declarations are nonbinding. It is highly likely that changes in the environment and labor provisions will have no real effect on the ground.

We all know that the Bush administration has a long record of not enforcing the standards of past trade deals.

Why would they start now? There are so many problems with the Peru FTA, whether it is the privatization of Social Security, ban on anti-offshoring, or failure to protect our intellectual property rights, there are more than enough reasons to oppose the Peru FTA.

I could go on, but I do not have the time. I ask my colleagues to really listen to what America is saying about these trade deals. I am asking Members to vote their conscience to oppose the Peru free trade agreement.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

(Mr. JONES of North Carolina addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

(Mr. BURTON of Indiana addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

ESCALATION IN IRAQ WAR COSTS

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. WOOLSEY) is recognized for 5 minutes.

Ms. WOOLSEY. Mr. Speaker, I rise tonight to draw attention to the surge, or escalation, of the occupation of Iraq. This time it is not an escalation of troops; it is the escalation in spending to continue this senseless, apparently endless occupation.

Recent estimates put the cost of the military actions in Iraq and Afghanistan at \$808 billion by the end of this year. That's just knocking on the door of \$1 trillion, Mr. Speaker. Let me say that again: we are closing in on \$1 trillion, and we haven't even begun to put together a plan to bring our troops home.

This administration has talked about a Korean- or Vietnam-like presence in Iraq. This could mean as much as 50 more years of U.S. boots on the ground. Conservative estimates put just one more decade of military spending at \$1.5 trillion. Who knows what it will be after 20 or 30 or 50 years.

The United States has an obligation, both moral and political, to help the people of Iraq to rebuild their nation. Whether through reconciliation or reconstruction, our commitment must be

ongoing. But we can't start either of these while we are funding this administration's occupation.

Despite the bravery of our men and women in uniform, we all know that we can't bring peace and stability to another country down the barrel of a gun.

A recent report by the Congressional Progressive Caucus found that this misdirection of funds may actually be endangering our own homeland. Each of my colleagues can go to my Web site, www.Woolsey.house.gov, and find out what it is costing their congressional district.

My district of Marin and Sonoma counties in California have already paid \$1.3 billion for the occupation of Iraq. That could have paid for nearly 25,000 public safety officers or nearly 18,000 port container inspectors to provide real security for our homeland.

Instead of passing on a war deficit to our children and grandchildren, we could have been investing in their future and, Mr. Speaker, we must. So far in paying for the occupation, we could have paid for 20,000 more elementary school teachers, or we could have provided almost 500,000 more children with health care, or 200,000 college scholarships to worthy students.

America's working families have demanded, they went to the polls in November, they want us to end this occupation. They want real investment in their own communities. They want this Congress to stand up to the White House and demand that our troops and military contractors be brought home, not in 10 years, not in 50 years. They want our troops home in a safe and orderly responsible manner by the holidays.

Enough of the endless occupation. Enough of the misspent billions. Enough is enough, Mr. Speaker. Let's bring the troops home. Let's provide for a secure future for American and Iraqi families.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Florida (Ms. GINNY BROWN-WAITE) is recognized for 5 minutes.

(Mrs. GINNY BROWN-WAITE of Florida addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

CBC DISCUSSES SCHIP AND THE JENA SIX

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, the gentlewoman from Ohio (Mrs. JONES) is recognized for 60 minutes as the designee of the majority leader.

GENERAL LEAVE

Mrs. JONES of Ohio. Mr. Speaker, I ask unanimous consent that Members may have 5 legislative days in which to revise and extend their remarks and include extraneous materials on the subjects of the Congressional Black Cau-

cus Special Order message hour today that will focus on SCHIP as well as the Jena Six.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Ohio?

There was no objection.

Mrs. JONES of Ohio. Mr. Speaker, today 50 million Americans have no health insurance, including more than 8 million children. Eight out of 10 uninsured Americans either work or are in working families. Sadly, many of those uninsured and underinsured are African American.

Being uninsured means going without needed care. It means minor illnesses become major ones because care is delayed. Tragically, it means that one significant medical expense can wipe out a family's life savings. There are millions of working uninsured Americans who go to bed every night worrying about what will happen to them and their families if a major illness or injury strikes.

In my home State of Ohio, there are currently 1,362,000 uninsured, an increase of 18,000 people since 2003. We have also seen the strain on many of the local hospitals in my district when people are forced to use emergency rooms as their source of primary care.

The problem is getting worse. As the price of health care continues to rise, fewer individuals and families can afford to pay for coverage. Fewer small businesses are able to provide coverage for their employees, and those that do are struggling to hold on to the coverage they offer. It is a problem that affects all of us, and we cannot sit idly by while the people of this country continue to go without health insurance.

Tomorrow, we will have an opportunity to expand one of the most effective government programs implemented in the last decade, the State Children's Health Insurance Program, or SCHIP. SCHIP is a joint State-Federal program created in order to provide health insurance to children in low-income households whose income, although meager, was still above Medicaid eligibility.

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Currently, the program allows for States to provide health insurance to families whose household income is up to 200 percent of the poverty level. In 2006, SCHIP provided coverage to over 6.7 million children, and although it has been successful since its inception, there are still 9 million children without any health insurance, many of whom are minorities. Currently, more than 80 percent of the uninsured African American children and 70 percent of the Hispanic children are eligible for SCHIP but not enrolled.

It gives me great pleasure to lead this special hour this evening on behalf of the Congressional Black Caucus, and I'm pleased at this time to yield time to my colleague and good friend BARBARA LEE from California.